

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023476

3091

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1002

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

11 years.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

93rd & Blue Ridge Ext.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

93rd & Blue Ridge Ext.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Charles

Merrell

Thompson

## 4. DATE OF DEATH

Month

Day

Year

June

7,

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Nov. 12, 1916

## 9. AGE (last birthday)

45

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

## 10b. KIND OF BUSINESS OR INDUSTRY

Construction

## 11. BIRTHPLACE (City and state or country)

O'Donnell, Texas

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William Thompson

## 13b. MOTHER'S MAIDEN NAME

Thelma Lamb

## 14. NAME OF HUSBAND OR WIFE

Muzetta Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, go, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Muzetta Thompson, K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary edema

## INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Bronchogenic carcinoma

8 months.

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Empyema, right hemithorax

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20e. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20h. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from January 20 1962 to June 7, 1962 and last saw her/him alive on June 7, 1962  
Death occurred at 10:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Paul K. Young

(Degree or title)

## 22b. ADDRESS

9406 E. 63rd St, Raytown, Mo 64133

## 22c. DATE SIGNED

8 Jun 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

June 10, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Lee's Summit Cemetery Lee's Summit, Missouri

## 23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Missouri

## 25. DATE RECD. BY LOCAL REG.

Langsford Funeral Home, Lee's Summit, 6-11-62

## 26. REGISTRAR'S SIGNATURE

Paul K. Young

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*D. B. Longford Jr.*

Licensed Embalmer No.

*4962*

P. O. Address

*Lee's Summit mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.